

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Amc</i>	<i>7</i>	<i>05-30-01</i>
O.I.P.E. CLASSIFIER	<i>✓</i>	<i>✓</i>	<i>01</i>
FORMALITY REVIEW	<i>CH</i>	<i>503</i>	<i>07-30-01</i>
RESPONSE FORMALITY REVIEW	<i>CH</i>	<i>1127</i>	<i>10/03/01</i>
	<i>Rm</i>	<i>181</i>	<i>01-22-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
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11	✓	✓	
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24	✓	✓	
25	✓	✓	
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34	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*11/30/01*  
*01/30/02*  
*JCR*